



FILED

MAY 27 2014

19TH JUDICIAL CIRCUIT COURT

Cole County CIRCUIT COURT

Post Office Box 1870

Jefferson City, Missouri 65102-1870

No. 1518 C.P. 2nd Only

No. /Pages _____ @0.

No. /Scals _____ @1.

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Clerk Time _____

Notes _____

Amt. Due _____

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Dawnel P. Davidson
Circuit ClerkPHONE: (573) 634-9150
CIVIL FAX: (573) 635-0796
CRIMINAL FAX: (573) 635-5376

COPY REQUEST FORM

FEES: Fees for copies are \$0.50 for each page, plus the cost of postage (rounded up to the nearest half-dollar) with a \$3.00 minimum charge.

Certification fee is \$1.00 per document.

Copy requests may be subject to additional fees for postage, if requested, and clerk processing time, if applicable.

Upon request, estimation of fees will be provided.

All copy invoices are due upon receipt.

PAYMENT: Acceptable forms of payment are Cash, Money Order, Cashiers Check, or Credit Card.

A Convenience Fee will be assessed to all payments made by debit/credit card.

NOTE: Photo ID is required for copies of confidential/sealed cases and a Request to View/Copies of Sealed Case File MUST be completed by the requestor.

Please complete all fields.

DATE: 5/27/14NAME: BEN GAUL

AGENCY (if applicable): _____

ADDRESS: BAKER HOSTETLER, 65 E. STATE ST, SUITE 2100, COLUMBUS,

OHIO

PHONE NUMBER: 614 462 2670

43215

CASE NUMBER: 14AC-CC00264CASE DESCRIPTION: Brooks v. American FamilyTYPE OF CASE: ☐ Domestic Relations ☒ Civil ☐ Small Claims ☐ Protection Order ☐ Juvenile/Probate ☐ Criminal/Traffic

DOCUMENT(S) REQUESTED:

copy of complaint☐ Certified☐ Certified☐ Certified☐ Certified

METHOD OF DELIVERY:

☐ Mail copies to the address provided above.☐ Mail copies to the following address (if different from above): _____☐ Hold for pick up.☐ Call when ready for pick up.☒ Other (explain): fax or email, otherwise mail

EXHIBIT

2

Completed
JON
6/3/14

Dawnel Davidson ~ Circuit Clerk

19th Judicial Circuit Court
 Cole County Courthouse
 301 E. High Street ~ P.O. Box 1870
 Jefferson City, MO 65102

INVOICE**Customer**

Name Ben Gaul
 Baker Hostetler LLP
 Address 65 E. State Street, Ste. 2100
 City Columbus State OH ZIP 43215
 Phone 614-462-2670

Misc

Date 5/27/2014
 Case # 14AC-CC00264
 Requested Ben Gaul
 by

Qty	Description	Unit Price	TOTAL
11	Copies at \$.50 per page	\$ 0.50	\$ 5.50
	Certification	\$ 1.00	\$ -
	Copies at \$.50 per pages	\$ 0.50	\$ -
	Postage & Handling		
	Fax Copies	\$ 0.50	\$ -
	Minimum Copy Cost	\$ 3.00	\$ -
		SubTotal	\$ 5.50
		Shipping	
		TOTAL	\$ 5.50

Payment

Please attach a copy of this invoice with
 Comments payment. Thank You!

Name _____
 Check # _____
 Date _____

Tax Rate(s)

We appreciate your prompt payment! Thank you!

Request Completed by: jdw

Dawnel Davidson ~ Circuit Clerk



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Post Office Box 1870

Jefferson City, Missouri 65102-1870

Dawnel P. Davidson
Circuit Clerk

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43215

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☐ Certified
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☒ Other (explain): fax or email, otherwise mail

IN THE CIRCUIT COURT OF COLE COUNTY
STATE OF MISSOURI

RUBY L. BROOKS and OTIS L. BROOKS,)	
individually, and on behalf of all others)	
similarly situated,)	
)	
Plaintiffs,)	
)	Cause No.: 14AC-CC00264
v.)	Division: 1
)	
AMERICAN FAMILY MUTUAL)	
INSURANCE COMPANY,)	
)	
Defendant.)	

ENTRY OF APPEARANCE

COMES NOW Christopher E. Roberts of Butsch Roberts & Associates LLC
and hereby enters his appearance on behalf of Plaintiffs Ruby L. Brooks and Otis L.
Brooks.

BUTSCH ROBERTS & ASSOCIATES LLC

By: /s/ Christopher E. Roberts
David T. Butsch #37539
Christopher E. Roberts #61895
231 South Bemiston Ave., Suite 260
Clayton, MO 63105
(314) 863-5700 (telephone)
(314) 863-5711 (fax)
butsch@butschroberts.com
roberts@butschroberts.com

Counsel for Plaintiffs

IN THE CIRCUIT COURT OF COLE COUNTY
STATE OF MISSOURI

RUBY L. BROOKS and OTIS L. BROOKS,)	
individually, and on behalf of all others)	
similarly situated,)	
)	
Plaintiffs,)	
)	Cause No.: 14AC-CC00264
v.)	Division: 1
)	
AMERICAN FAMILY MUTUAL)	
INSURANCE COMPANY,)	
)	
Defendant.)	

REQUEST FOR ISSUANCE OF SUMMONS

COME NOW Plaintiffs Ruby L. Brooks and Otis L. Brooks through their undersigned counsel. Plaintiffs request that the Clerk of the Court issue a summons directed to Defendant American Family Mutual Insurance Company to be served on the Missouri Director of Insurance, 301 West High Street, Jefferson City, Missouri 65101. Plaintiffs request that the Cole County Sheriff serve the summons.

BUTSCH ROBERTS & ASSOCIATES LLC

By: /s/ Christopher E. Roberts
David T. Butsch #37539
Christopher E. Roberts #61895
231 South Bemiston Ave., Suite 260
Clayton, MO 63105
(314) 863-5700 (telephone)
(314) 863-5711 (fax)
butsch@butschroberts.com
roberts@butschroberts.com


Counsel for Plaintiffs



IN THE 19TH JUDICIAL CIRCUIT COURT, COLE COUNTY, MISSOURI

Judge or Division: JON EDWARD BEETEM	Case Number: 14AC-CC00264	(Date File Stamp)
Plaintiff/Petitioner: RUBY L BROOKS	Plaintiff's/Petitioner's Attorney/Address DAVID THRIFT BUTSCH STE 260 231 SOUTH BEMISTON CLAYTON, MO 63105	
Defendant/Respondent: AMERICAN FAMILY MUTUAL INSURANCE COMPANY	Court Address: 301 E HIGH JEFFERSON CITY, MO 65101	
Nature of Suit: CC Declaratory Judgment		

Summons in Civil Case

The State of Missouri to: AMERICAN FAMILY MUTUAL INSURANCE COMPANY Alias: C/O MO DEPT OF INS 301 W HIGH ST JEFFERSON CITY, MO 65101	<p>COURT SEAL OF</p>  <p>COLE COUNTY</p>	<p>You are summoned to appear before this court and to file your pleading to the petition, a copy of which is attached, and to serve a copy of your pleading upon the attorney for Plaintiff/Petitioner at the above address all within 30 days after receiving this summons, exclusive of the day of service. If you fail to file your pleading, judgment by default may be taken against you for the relief demanded in the petition.</p> <p>06/04/2014 Date</p> <p>Further Information:</p> <p><i>[Signature]</i> by jw</p>
---	---	---

Sheriff's or Server's Return

Note to serving officer: Summons should be returned to the court within thirty days after the date of issue.

I certify that I have served the above summons by: (check one)

☐ delivering a copy of the summons and a copy of the petition to the Defendant/Respondent.

☐ leaving a copy of the summons and a copy of the petition at the dwelling place or usual abode of the Defendant/Respondent with _____ a person of the Defendant's/Respondent's family over the age of 15 years.

☐ (for service on a corporation) delivering a copy of the summons and a copy of the petition to _____ (name) _____ (title).

☐ other _____.

Served at _____ (address)

in _____ (County/City of St. Louis), MO, on _____ (date) at _____ (time).

Printed Name of Sheriff or Server

Signature of Sheriff or Server

Must be sworn before a notary public if not served by an authorized officer:

(Seal) Subscribed and sworn to before me on _____ (date).

My commission expires: _____ Date _____ Notary Public

Sheriff's Fees	
Summons	\$ _____
Non Est	\$ _____
Sheriff's Deputy Salary	
Supplemental Surcharge	\$ 10.00
Mileage	\$ _____ (_____ miles @ \$._____ per mile)
Total	\$ _____

A copy of the summons and a copy of the petition must be served on **each** Defendant/Respondent. For methods of service on all classes of suits, see Supreme Court Rule 54.

STATE OF MISSOURI
CIRCUIT COURT FOR THE 19th JUDICIAL CIRCUIT
COLE COUNTY

RUBY L. BROOKS and
OTIS L. BROOKS,

Plaintiffs,

VS.

AMERICAN FAMILY MUTUAL INS. CO.,

Defendant.

Case No. 14AC-CC00264

Division No. 1

ENTRY OF APPEARANCE

Joe D. Jacobson, MBE No. 33715, and Green Jacobson, P.C. enter their appearance as co-counsel for the plaintiffs.

Respectfully submitted,

GREEN JACOBSON, P.C.

By:

Joe D. Jacobson #33715
7733 Forsyth Blvd., Suite 700
Clayton, MO 63105

Tel: (314) 862-6800

Fax: (314) 862-1606

Email: jacobson@stlouislaw.com

Co-counsel for plaintiffs Ruby and Otis Brooks

CERTIFICATE OF SERVICE

The undersigned certifies that a true and complete copy of the foregoing was served by mailing the same by U.S. Mail, first-class postage prepaid, this 5th day of June, 2014, to American Family Mutual Insurance Company, c/o Missouri Department of Insurance, 301 West High Street, Jefferson City, MO 65101.



Joe D. Jacobson



IN THE 19TH JUDICIAL CIRCUIT COURT, COLE COUNTY, MISSOURI

Judge or Division: JON EDWARD BEETEM	Case Number: 14AC-CC00264	RECEIVED JUN 10 2014 COLE COUNTY SHERIFF'S OFFICE FILED JUN 20 2014 (Date File Stamp) COLE COUNTY CIRCUIT COURT
Plaintiff/Petitioner: RUBY L BROOKS	Plaintiff's/Petitioner's Attorney/Address DAVID THRIFT BUTSCH STE 260 231 SOUTH BEMISTON CLAYTON, MO 63105	
Defendant/Respondent: AMERICAN FAMILY MUTUAL INSURANCE COMPANY	Court Address: 301 E HIGH JEFFERSON CITY, MO 65101	
Nature of Suit: CC Declaratory Judgment		

Summons in Civil Case

The State of Missouri to: AMERICAN FAMILY MUTUAL INSURANCE COMPANY
Alias:

C/O MO DEPT OF INS
301 W HIGH ST
JEFFERSON CITY, MO 65101

COURT SEAL OF



COLE COUNTY

You are summoned to appear before this court and to file your pleading to the petition, a copy of which is attached, and to serve a copy of your pleading upon the attorney for Plaintiff/Petitioner at the above address all within 30 days after receiving this summons, exclusive of the day of service. If you fail to file your pleading, judgment by default may be taken against you for the relief demanded in the petition.

06/04/2014

Date

Further Information:

[Signature]

by jw

Sheriff's or Server's Return

Note to serving officer: Summons should be returned to the court within thirty days after the date of issue.

I certify that I have served the above summons by: (check one)

- ☐ delivering a copy of the summons and a copy of the petition to the Defendant/Respondent.
☐ leaving a copy of the summons and a copy of the petition at the dwelling place or usual abode of the Defendant/Respondent with a person of the Defendant's/Respondent's family over the age of 15 years.
☒ (for service on a corporation) delivering a copy of the summons and a copy of the petition to

K. LANDERS

(name)

Deborah

(title)

☐ other

Served at *301 W. High*

in *COLE* (County/City of St. Louis), MO, on

6/11/14 (date) at *8:40 AM* (time).

G. WHITE

Printed Name of Sheriff or Server

[Signature]
Signature of Sheriff or Server

Must be sworn before a notary public if not served by an authorized officer:

Subscribed and sworn to before me on _____ (date).

(Seal)

My commission expires: _____

Date

Notary Public

Sheriff's Fees

Summons \$ _____

Non Est \$ _____

Sheriff's Deputy Salary

Supplemental Surcharge \$ 10.00

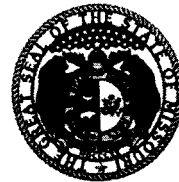
Mileage \$ _____ (_____ miles @ \$ _____ per mile)

Total \$ _____

A copy of the summons and a copy of the petition must be served on each Defendant/Respondent. For methods of service on all classes of suits, see Supreme Court Rule 54.

513
#308

Department of Insurance, Financial Institutions and
Professional Registration



TO: Corporate Secretary (or United States Manager or Last Appointed General Agent) of

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
DAVID C HOLMAN
6000 AMERICAN PARKWAY
MADISON, WI 53783

RE: Court: Cole Co. Circuit Court, Case Number: 14AC-CC00264

You will take notice that original process in the suit against you, a copy of which is attached hereto and sent to you by certified mail, was duly served upon you at Jefferson City, Missouri, by serving the same on the Director of the Department of Insurance, Financial Institutions and Professional Registration of the state of Missouri, Dated at Jefferson City, Missouri this 11th day of June, 2014.

Director of Insurance, Financial Institutions
and Professional Registration

AFFIDAVIT

State of Missouri,

ss.

County of Cole,

The undersigned Director of the Department of Insurance, Financial Institutions and Professional Registration or the Director's designated agent, hereby makes oath and certifies the original of the above notice to the above addressee was mailed at the United States Post Office in Jefferson City, Missouri on June 11, 2014 by first class certified mail prepaid as provided by section 375.906.5, RSMo. and Supreme Court Rule 54.15

Director, Department of Insurance, Financial Institutions and
Professional Registration

By:

Subscribed and sworn to before me this 11th day of June, 2014.

Notary Public

My commission expires:



KATHRYN LATIMER
My Commission Expires
March 4, 2016
Cole County
Commission #12418395

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u><i>Terry Marshall</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u><i>Terry Marshall</i></u> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; padding-top: 20px;">AMERICAN FAMILY MUTUAL INSURANCE COMPANY DAVID C HOLMAN 6000 AMERICAN PARKWAY MADISON, WI 53783</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7009 0080 0000 1907 7082 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p>	

LEGAL SECTION
MO. DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS & PROFESSIONAL REGISTRATION
PO BOX 690
JEFFERSON CITY, MO 65102-0690

• Sender: Please print your name, address, and ZIP+4 in this box •

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

UNITED STATES POSTAL SERVICE